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FEB 22 2005

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7590

11/16/2004

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02/24/2005 LW/ODINE 0000029 09964178

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP
03 FC:8001	15.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/964,178

09/25/2001

Robert Raffa

TUN-566US

9598

TITLE OF INVENTION: ANALGESIC AND GLUCOSAMINE COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 700	\$300	\$1670 1000	02/16/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MAIER, LEIGH C		1623	514-062000	\$1015	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. RatnerPrestia

2. _____

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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Authorized Signature

Date February 15, 2005

Typed or printed name Robert L. Andersen

Registration No. 25,771

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4 pages

Application Number	09/964,178
Filing Date	September 25, 2001
First Named Inventor	Robert B. Raffa
Art Unit	1623
Examiner Name	Leigh C. Maier
Attorney Docket No.	TUNA-566US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85 Part B - Fee Transmittal; PTO Form-2038; Post Card
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name Signature	Robert L. Andersen <i>RL Andersen</i>	Registration No. (Attorney/Agent)	25,771
Date	February 15, 2005		

CERTIFICATE OF TRANSMISSION / MAILING

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Typed or printed name	Patricia Boccella		
Signature	<i>Patricia C. Boccella</i>	Date	February 15, 2005

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